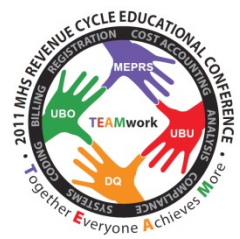


Title: **Civilian ER Billing**

Session: **T-3-1000**



# Objectives

- Today we will discuss:
  - Overall Purpose
  - Background
  - Civilian Emergency Bills
    - Documentation Needed
    - Receiving Payment
    - Balance Billing
    - Tracking Accounts
    - Ambulance Run
  - Pay-Patient Bills (overseas only)
    - Documentation Needed
    - Receiving Payment
    - Balance Billing
    - What to do if the patient refuses to pay



# Purpose

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## Civilian

- DoD UBO: “an individual who is not a beneficiary of the MHS, and not otherwise entitled to care at an MTF”
- It is the MSA Officer’s responsibility (DoD 6010.15M C3.3) to bill and collect medical and dental services rendered in their MTF
- This responsibility includes keeping track of debt owed and transferring it to the appropriate organization when all means have been taken to collect the debt



# Background

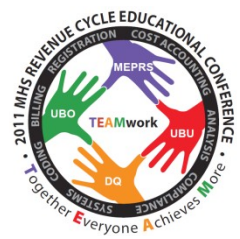
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- The Emergency Medical Treatment and Active Labor Act (EMTALA) is a federal law that gives all individuals the right to be treated for an emergency medical condition regardless of the ability to pay
- Civilian Emergency patients are to be treated only during the period of emergency and should be transferred to a civilian facility as soon as the emergency period ends
- Civilian Emergency patients have no entitlement to MTF services and is entirely financially responsible all associated costs
- ER admitting personnel should ensure the non-beneficiary patient completes and signs a DD Form 2569
- The non-beneficiary patient is responsible for following up with their insurance company to ensure timely payment



# Civilian Emergency Bills

- What to do with Civilian ER Bills?
  - Bill (I & R statement) will come out of CHCS during the Nightly Run
  - MSA Clerk/Cashier will need to verify that this is a “TRUE” Civilian Emergency (DEERS Check, etc.)
  - Gather all information from ER or Clinic (DD Form 2569, insurance card, treatment notes, etc.)
    - Notes can be made into edit field in CHCS to let staff know when and why bill was sent
      - MSA (MSA System Menu)
      - CFM (Cashier Functions Menu)
      - CLK (Cashier Action Screen)
      - Enter patient’s account or name
      - Tab to Edit
      - Tab to Remarks (suggest putting date sent to hub)



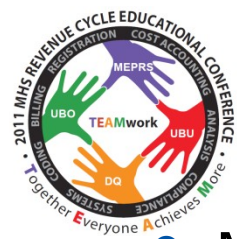
# Tracking Accounts

- Detailed Accounts Receivable (DAR)
  - Recommended to run monthly to track all aged accounts over 120 days old. (MSA>OFM>DAR)
- According to DoD 6010.15-M C3.30.1, MSA Accounts become delinquent if not paid within thirty (30) days of the date of the invoice and receipt or notice of payment due
- Self-pay patients or secondary pay-patients with payment not received within 180 days should be transferred to DFAS for collection
  - Out-of-Service Debt (DFAS) will only accept debts that are \$226 or higher (accounts can be bundled)



# Ambulance Runs

- Ambulance services are not part of the patient visit and will not be captured or coded as an ED or office visit automatically
  - Ambulance services are billed separately and created manually
- The billing office can either check for coded encounters in MEPRS FEAA (monthly MEPRS report) or arrange to receive photocopies of ambulance transport sheets from the ED
- When an ambulance run service is determined to be billable, request that a coder determine and document (on the run sheet) the appropriate ICD-9-CM, CPT code, and modifiers to use for billing
- In TPOCS, create a bill using Bill Type 4. For MSA, create an account and enter a one-time charge in CHCS



# Ambulance Runs

- MHS ambulance runs are based on hours of service in 15-minute increments. Supplies and miles are billed separately
- Billing offices will calculate the charges based on the number of hours and fractions of an hour that the ambulance is logged out on a patient run
  - Fractions are rounded up to the nearest 15-minute increment
  - Refer to the Medical and Dental Services Rate Package for appropriate fiscal year hourly charge (TMA UBO Web site)
    - [http://www.tricare.mil/ocfo/mcfs/ubo/mhs\\_rates.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm)
- When an ambulance is dispatched to an incident, but no patients are transported, there is no appropriate coding or billing for this service





# Overseas Pay Patients

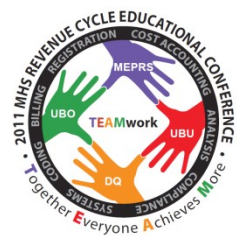
- How to bill Pay Patients?
  - Bill (I&R statement) will come out of CHCS during the Nightly Run
  - MSA Clerk/Cashier will need to verify that this is a “TRUE” Pay Account
  - Patient Bill (Not Reserve on active duty or authorized annual PHA)
  - Gather all data from Medical Record and/or CHCS
  - Documentation needed:
    - I&R statement
    - All coding documentation
  - Send bill to patient with all codes and documentation
  - If the MTF files on the patient’s behalf, send bill (OP-CMS 1500/IP-UB-04) to insurance company (verified from DD 2569) and I&R statement to the patient informing them a claim has been filed



# Overseas Pay Patients

- Receiving Payment

- Once payment is received, post it in CHCS
  - MSA (MSA System Menu)
  - CFM (Cashier Functions Menu)
  - CLK (Cashier Action Screen)
  - Open Account
  - Tab to Receipt, or type R
  - Tab to Post, or type P
  - T for today's date
  - Enter and put in amount
  - "C" for Cash "K" for Check (money orders go into checks)
- Balance-Bill Patient
  - Mail copy of receipt to patient
  - The balance is what the patient owes and should be monitored closely for payment



# Overseas Pay Patients

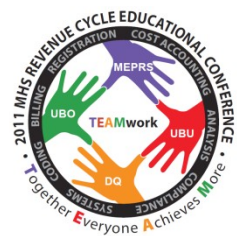
- What to do if patient is not paying?
  - Speak with your MTF leadership
    - In Mini Registration, scroll down to Reg Comment area and place a statement in screen to NOT book an appointment without patient contacting the Resource Management Office (RMO) (unless it is an emergency)
    - Patient Admin will have these keys to do so if you do not
    - Appointment booking staff needs to be trained about this change



# What Have We Discussed?

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- Overall Purpose
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  - Tracking Accounts
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  - Receiving Payment
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# Q and A's

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- Questions????

